

**STATE OF NEW MEXICO  
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT  
OIL CONSERVATION DIVISION**

**APPLICATION OF DEVON ENERGY PRODUCTION  
COMPANY, L.P. FOR A NON-STANDARD OIL SPACING  
AND PRORATION UNIT, WELL LOCATION, AND  
COMPULSORY POOLING, EDDY COUNTY, NEW MEXICO.**

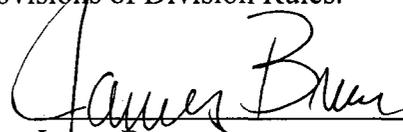
**Case No. 14,946**

**AFFIDAVIT OF NOTICE**

COUNTY OF SANTA FE    )  
  ) ss.  
STATE OF NEW MEXICO    )

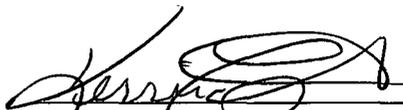
James Bruce, being duly sworn upon his oath, deposes and states:

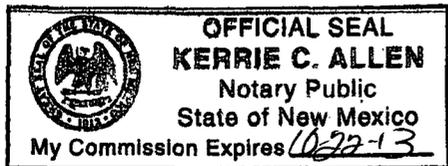
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Devon Energy Production Company, L.P.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the offset operators or working interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the operators or working interest owners, at their correct addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.
5. Applicant has complied with the notice provisions of Division Rules.

  
James Bruce

SUBSCRIBED AND SWORN TO before me this 30<sup>th</sup> day of March, 2013 by James Bruce.

My Commission Expires: 10-22-13

  
Notary Public



Oil Conservation Division  
Case No. 8A  
Exhibit No. 8A

**JAMES BRUCE**  
ATTORNEY AT LAW

POST OFFICE BOX 1056  
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213  
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)  
(505) 660-6612 (Cell)  
(505) 982-2151 (Fax)  
[jamesbruc@aol.com](mailto:jamesbruc@aol.com)

January 3, 2013

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

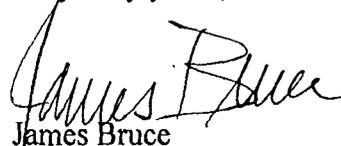
Ladies and gentlemen:

Enclosed is a copy of an application for a non-standard unit, unorthodox location, *etc.*, filed with the New Mexico Oil Conservation Division by Devon Energy Production Company, L.P., regarding the W $\frac{1}{2}$ E $\frac{1}{2}$  of Section 13, Township 21 South, Range 29 East, N.M.P.M., Eddy County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, January 24, 2013, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an offset interest owner or operator who may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting the matter at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, January 17, 2013. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,

  
James Bruce

Attorney for Devon Energy Production Company, L.P.

EXHIBIT

A

EXHIBIT A

Sharbro Energy, LLC  
Myco Industries, Inc.  
P.O. Box 840  
Artesia, New Mexico 88211

Parrot Head Properties, LLC  
Prospector, LLC  
Rojo, LLC  
Featherstone Development Corporation  
P.O. Box 429  
Roswell, New Mexico 88202

Abo Petroleum Corporation  
105 South Fourth Street  
Artesia, New Mexico 88210

OXY Y-1 Company  
P.O. Box 27570  
Houston, Texas 77227

Yates Industries, LLC  
P.O. Box 1091  
Artesia, New Mexico 88211

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature  Agent  Addressee  
*X J Omdazola*

B. Received by (Printed Name)  Date of Delivery  
*Jennifer Hernandez* *1/11/13*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below.

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:  
 Featherstone Development Corporation  
 P.O. Box 429  
 Roswell, New Mexico 88202

2. Article Number (Transfer from service label) 7008 0500 0001 4689 9267  
 PS Form 3811, February 2004 Domestic Return Receipt *D LT 13-9* 102595-02-M-1540

**U.S. Postal Service™  
 CERTIFIED MAIL™ RECEIPT  
 (Domestic Mail Only; No Insurance Coverage Provided)**

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here  
 CO 87501-6  
 JAN - 4 2013

Sent To Yates Industries, LLC  
P.O. Box 1091  
Artesia, New Mexico 88211  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 4689 9359

**U.S. Postal Service™  
 CERTIFIED MAIL™ RECEIPT  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here  
 EN MEXICO  
 JAN - 7 2013

Sent To Featherstone Development Corporation  
P.O. Box 429  
Roswell, New Mexico 88202  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7008 0500 0001 4689 9267

**SENDER: COMPLETE THIS SECTION**

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Yates Industries, LLC  
 P.O. Box 1091  
 Artesia, New Mexico 88211

2. Article Number (Transfer from service label) 7008 0500 0001 4689 9359  
 PS Form 3811, February 2004 Domestic Return Receipt *D LT 13-9* 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Frances Moran*

B. Received by (Printed Name)  C. Date of Delivery  
*FRANCES MORAN* *JAN - 7 2013*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below.

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Abo Petroleum Corporation  
105 South Fourth Street  
Artesia, New Mexico 88210

2. Article Number  
(Transfer from service label)

7008 0500 0001 4689 9328

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *7-7-13*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004

Domestic Return Receipt

*D CT 13-4*

102595-02-M-1540

**U.S. Postal Service™  
 CERTIFIED MAIL™ RECEIPT**

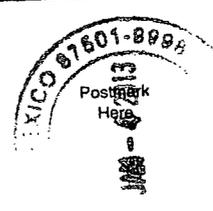
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7008 0500 0001 4689 9335

Postage \$  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$



Sent To OXY Y-1 Company  
 Street, Apt. No. or PO Box No. P.O. Box 27570  
 City, State, ZIP+4 Houston, Texas 77227

PS Form 3800, August 2006

See Reverse for Instructions

**U.S. Postal Service™  
 CERTIFIED MAIL™ RECEIPT**

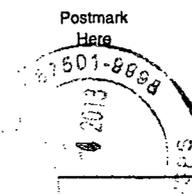
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7008 0500 0001 4689 9328

Postage \$  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$



Sent To Abo Petroleum Corporation  
 Street, Apt. No. or PO Box No. 105 South Fourth Street  
 City, State, ZIP+4 Artesia, New Mexico 88210

PS Form 3800, August 2006

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

OXY Y-1 Company  
 P.O. Box 27570  
 Houston, Texas 77227

2. Article Number  
(Transfer from service label)

7008 0500 0001 4689 9335

PS Form 3811, February 2004

Domestic Return Receipt

*D CT 13-4*

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Myco Industries, Inc. P.O. Box 840 Artesia, New Mexico 88211</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <b>7008 0500 0001 4689 9250</b></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt <i>D 4713-4</i> 102595-02-M-1540</p>	

7008 0500 0001 4689 9250

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<b>OFFICIAL USE</b>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Mexico & Postmark Here	
Sent To	Myco Industries, Inc.
Street, Apt. No., or PO Box No.	P.O. Box 840
City, State, ZIP+4	Artesia, New Mexico 88211
PS Form 3800, August 2006 See Reverse for Instructions.	